

## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23409 7590 06/24/2004

MICHAEL BEST & FRIEDRICH, LLP  
 100 E WISCONSIN AVENUE  
 MILWAUKEE, WI 53202

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Barbara A. Johnson (Depositor's name)  
 Barbara A. Johnson (Signature)  
 9-13-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/682,856	10/25/2001	Basel H. Taha	0391999533.0	9985

TITLE OF INVENTION: METHOD AND APPARATUS FOR DYNAMICALLY SELECTING AN ELECTROCARDIOGRAM COMPRESSION PROCESS BASED ON COMPUTERIZED ANALYSIS OF CARDIAC RHYTHM AND CONTOUR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANUEL, GEORGE C	3762	600-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

ANDRUS, SCALES, STARKE & SAWALL, LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE Medical Systems  
 Information Technologies, Inc. Milwaukee, WI

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2401 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) \_\_\_\_\_ (Date)

9-13-04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/20/2004 RMEBRAH1 00000108 502401 09682856

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTO/SB/17 (10/97)		FEE TRANSMITTAL	
Total Amount of Payment (\$)		\$ 1,630.00	
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <u>50-2401</u> Deposit Account Name <u>General Electric Company</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)		2. Additional Fees Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 105 130 205 65 Surcharge-late filing fee or oath _____ 127 50 227 25 Surcharge-late provisional filing fee _____ or cover sheet 139 130 139 130 Non-English specification _____ 147 2,520 147 2,520 For filing a request for reexamination _____ 112 920* 112 920* Requesting publication of SIR prior to Examiner action _____ 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action _____ 115 110 215 55 Extension for response within first month _____ 116 400 216 200 Extension for response within second month _____ 117 950 217 475 Extension for response within third month _____ 118 1,510 218 755 Extension for response within fourth month _____ 128 2,060 228 1,030 Extension for response within fifth month _____ 119 310 219 155 Notice of appeal _____ 120 310 220 155 Filing a brief in support of an appeal _____ 121 270 221 135 Request for oral hearing _____ 138 1,510 138 1,510 Petition to institute a public use proceeding _____ 140 110 240 55 Petition to revive unavoidably abandoned application _____ 141 1,320 241 660 Petition to revive unintentionally abandoned application _____ 142 1,320 242 660 Utility issue fee (or reissue) \$ 1,630 143 450 243 225 Design issue fee _____ 144 670 244 335 Plant issue fee _____ 122 130 122 130 Petitions to the Commissioner _____ 123 50 123 50 Petitions related to provisional applications _____ 126 240 126 240 Submission of Information Disclosure Statement _____ 581 40 581 40 Recording each patent assignment per property (times number of properties) _____ 146 790 246 395 Filing a submission after final rejection (37 CFR 1.129(a)) _____ 149 790 249 395 For each additional invention to be examined (37 CFR 1.129(b)) _____ Other fee (specify) _____ Other fee (specify) _____ SUBTOTAL (3) (\$ 1,630.00) *Reduced by Basic Filing Fee Paid	
3. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION (fees effective 10/01/97)			
1. Filing Fee Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 101 690 201 345 Utility filing fee _____ 106 310 206 155 Design filing fee _____ 107 480 207 240 Plant filing fee _____ 108 690 208 345 Reissue filing fee _____ 114 150 214 75 Provisional filing fee _____ SUBTOTAL (1) (\$ 0)			
2. Claims Extra Fee from Fee Paid below Total claims -20= X = Independent - 3= X = Claims Multiple Dependent X = Claims Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid 103 18 203 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim 109 82 209 41 Reissue independent claims over original patent 110 22 210 11 Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$ )			
SUBMITTED BY		COMPLETE (if applicable)	
Type or Printed name	Joseph D. Kuborn Andrus, Sceales, Starke & Sawall, LLP	Registration Number	40,689
Signature	[Signature]	Date	9/13/2004
		Deposit Account User ID	